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CITY OF WORCESTER

EDUCATION COMMITTEE



Annual Report

upon the

School Health Service

for the Year

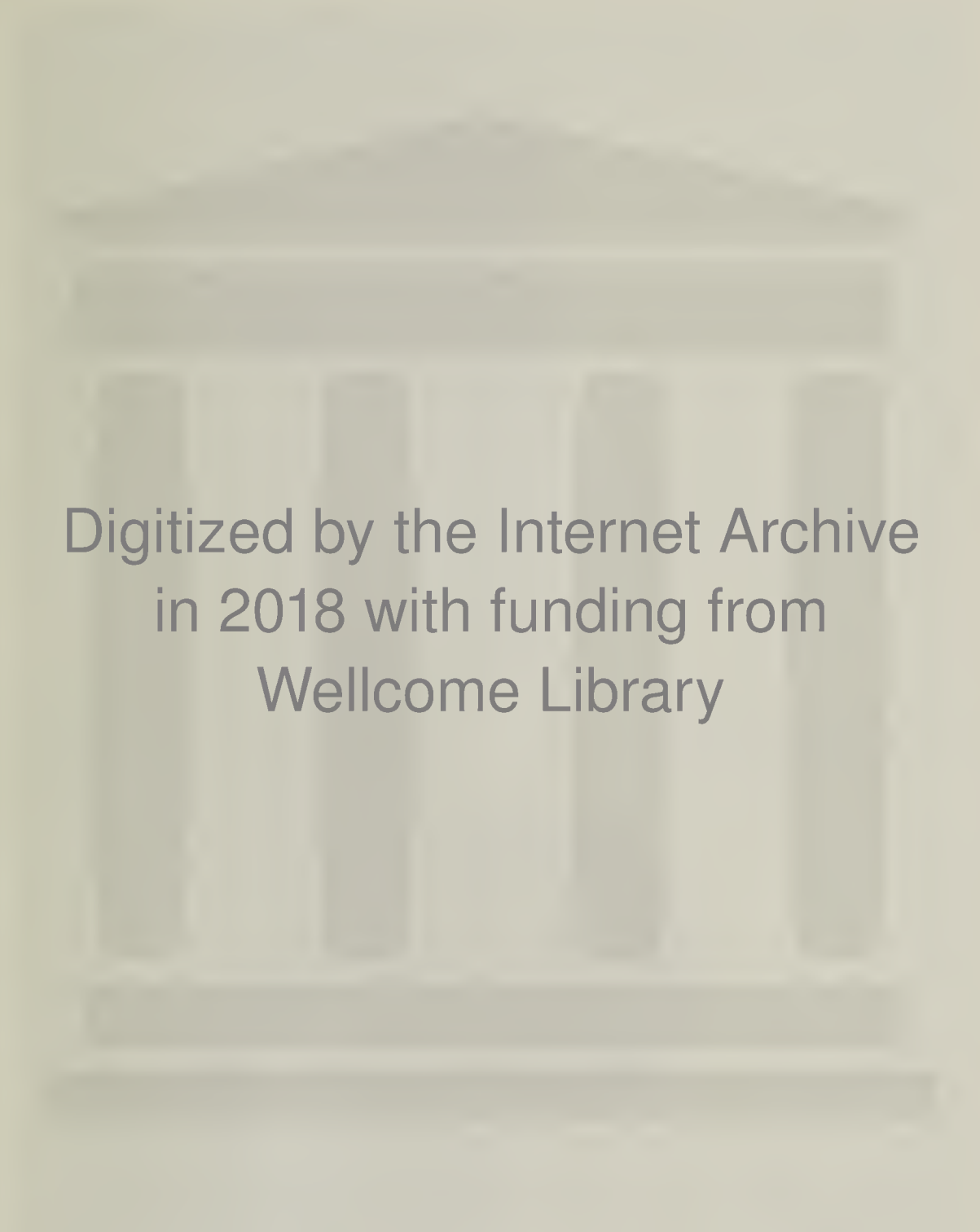
1967

By

G. M. O'DONNELL, B.A., M.B., D.P.H.

Principal School Medical Officer





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THORNTON HOUSE SCHOOL



“For whereso’er I turn my ravished eyes
Gay gilded scenes and shining prospects rise.”

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Principal School Medical Officer

THE EDUCATION COMMITTEE

1967

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MR. P. D. COLLINS
MRS. N. D. M. WILLIS

STAFF AT 31st DECEMBER, 1967

Principal School Medical Officer :

G. M. O' DONNELL, B.A., M.B., D.P.H.

Deputy Principal School Medical Officer :

A. I. BLENKINSOP, M.B., B.S., D.P.H., D.OBST.R.C.O.G., D.C.H.

School Medical Officers :

MOIRA K. E. ALLINGTON, B.A., M.B., B.Ch., D.C.H., D.P.H.

DOUGLAS G. SNELL, M.B., B.S., D.P.H.

Child Psychiatrist :

J. J. GRAHAM, M.B., Ch.B., D.P.M.

(Consultant, Birmingham Regional Hospital Board)

Educational Psychologist :

W. G. K. RUBERY, B.Sc.

Social Worker :

MRS. E. M. BUDDEN.

Principal School Dental Officer :

□. R. DOWLAND, L.D.S., R.C.S. (Eng.)

Dental Officers (Part-time) :

MRS. B. SAVAGE, B.D.S.

R. WEBLEY, L.D.S.

Dental Anæsthetists (Part-time) :

H. HARVEY, M.D., M.B., B.S., D.A.

C. T. MILLS, M.B., Ch.B.

W. D. STEEL, M.B., B.S., M.R.C.S., L.R.C.P.

Dental Surgery Assistants :

MRS. R. J. YOUNG.

MISS M. PARTRIDGE.

Remedial Gymnast :

MR. W. K. EDWARDS

*Principal Nursing Officer and Non-Medical Supervisor of
Midwives :*

MISS O. KEYWOOD

*Deputy Principal Nursing Officer and Deputy Non-Medical
Supervisor of Midwives :*

MISS P. M. DOWNING (Resigned 7th June, 1967).

Health Visitors/School Nurses .

MISS A. DUNLOP

MISS P. HIGGINS

MRS. A. E. SANDLES (Resigned 15th December, 1967)

MISS J. M. TEECE

MRS. M. P. MCQUAID

MRS. C. E. CHRISTOPHER (Commenced 5th September, 1967)

MISS D. FAUGHNAN (Commenced 5th September, 1967)

MRS. M. E. HOWE (Part-time)

MRS. M. HOLMES (Part-time)

School Nurses (Temporary Appointments) :

MRS. M. L. HAYTON

MRS S. E. HAWKESFORD (from 1st April, 1967)

Chiropodists (Part-time) :

MRS. M. R. GILBERT.

MISS J. E. PRICE.

Senior Clerk :

MRS. D. EASTBURN.

Clerks :

MRS. S. JACOBS.

MISS L. M. REYNOLDS.

ANNUAL REPORT FOR THE YEAR 1967

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

To the Education Committee of the City of Worcester.

MR. MAYOR, LADIES AND GENTLEMEN,

To go to school nowadays is rarely a matter of anxiety as was so often the case in the past. Teachers are persuasive and well disposed, head teachers of a surpassing benignity and school attendance officers so changed in name and disposition as to evoke the envy of other contenders to sanctity.

In this genial atmosphere most children can acquire the habit of learning even though they might not wish to carry it to the point of addiction. Some will advance further and some less than their native talents justify, but relatively few will remember their school days as a time of adversity. This latter attitude may be true, however, of handicapped pupils, particularly if suitable forms of education are not provided for them.

For this reason the clarion call of my report must be the opening of Thornton House Special School. This event ensures a better education for many of our less fortunate children, simplifies much of the work of the School Health Service and permits us to thank most sincerely the Education Committee, the Chief Officer and staff for their foresight and perception.

Another source of real pleasure to us is to see the new school clinic assuming tangible form in Moor Street. So long awaited and oft deferred, the transition to bricks and mortar appeals compellingly to the emotions. Retired members of our staff viewing it for the first time are quite overcome, while those still in service echo the classic call of the dispersed 'next year in Jerusalem'

From the main content of this Report it will be seen that the vast majority of our children are in good health, abundant of energy and overwhelmed by deep feelings of obligation and respect for the older generations, occasionally expressed in public.

Finally, I would like to thank the Chairman and Members of the Primary and Secondary Education Sub-Committee for the generous support afforded to us during the year. The Director of Education, Mr. T. A. Ireland, and his staff have been as helpful as ever and our meetings with them may fitly be described as feasts of reason and flows of soul. The staff of the School Health Service have had to cope with an ever increasing amount of work and I am grateful to them, in particular Dr. A. I. Blenkinsop, Deputy Principal School Medical Officer, who has been responsible for the compilation of this Report.

Yours faithfully,

G. M. O' DONNELL.

Principal School Medical Officer.

PHYSICAL CONDITION OF PUPILS

A higher standard of living, together with an increased knowledge of nutrition and greater control of disease has over the past few decades led to a vast improvement in the general condition and physique of school children. In fact, in some respects, the pendulum has swung too far in the opposite direction, producing more frequently than before states of obesity and dental caries together with psychological disorders arising from the pace and complexity of modern life. Nevertheless, one cannot be anything but thankful for and impressed by the decline of tuberculosis, osteomyelitis, rickets and other crippling diseases. Present day children are taller and heavier than their predecessors, and their physical maturity occurs at an earlier age.

The progress of science and medicine has not, however, caused all our problems to diminish. In fact, in some cases, it is causing them to increase. Improvements in the resuscitation of new born infants who are premature or suffering from anoxia often results in the survival of a child who would previously have died. Sometimes such a child may be permanently damaged physically or mentally, in which case it is the duty of the School Health Service to assess the child in order to determine the extent of his handicap, and in due course decide upon the most suitable type of education for him, a specific example of this type of case is provided by the improved treatment of spina bifida. In past years the majority of children born with this condition succumbed relatively quickly. Thanks to modern surgical techniques, many of them now survive, often with a substantial degree of paralysis of the lower limbs. Subsequently, careful assesment is required to decide just how much such a child is capable of doing, and what type of school would be most suitable for him in order to develop to the full his potential abilities.

Our school medical officers are skilled in assessing the development of children and observe them from birth at appropriate intervals, so that a decision regarding their suitability for attendance at school can be made at an appropriate time. Such an assessment programme requires meticulous observation and takes up a considerable amount of time and effort by health visitors and school nurses, as well as by the doctors. For the reasons explained, it seems that this aspect of the work of the School Health Service is likely to increase. It is already one of the most important duties undertaken by the school medical officers.

ROUTINE SERVICES

MEDICAL EXAMINATIONS:

All Worcester school children are medically examined during their first year at primary school and again during their first year in secondary school. A selective examination of school leavers has now replaced the former routine inspection of all children in their last year at school.

There is no doubt that a full medical examination on a child's entry to school is of great value. Many, if not most of the school entrants, have not had a full check-up since early infancy, and in consequence unsuspected defects are often found at this examination. Arrangements are then made for appropriate treatment by the child's family doctor or by the hospital. In these and other cases not immediately requiring treatment, observation can be made by the school medical officer for as long as he considers necessary. At the medical inspection the child's clinic and health visitor record cards are available for the doctor, so that he can take into account the medical history of the first five years of the child's life. Parents are particularly encouraged to attend their child's entry examination, as this enables them to discuss with the doctor any relevant health problems, particularly with regard to any aspects which may affect the child's education and schooling.

Very often, the first year in secondary school is a time of stress and re-adjustment. The intermediate medical examination during this time is of importance by ensuring that the child is fit to take full advantage of the secondary education upon which he is embarking and by bringing to light any unsuspected problems.

The leavers medical inspection now takes the form of a selective examination of those in need of help or attention. Parents are sent a brief questionnaire in which they are asked for details of any significant medical history and also whether they would like their child to be seen by the school doctor. Head teachers are also asked whether there are any children whom they would like to recommend for examination on account of frequent school absence, poor health, undue fatigue, mental backwardness, etc. The school doctor then examines the medical records, completed questionnaires, reports from the head teachers and decides which children should be examined. At this examination the doctor makes note of any disorders which may affect future employment and informs the Youth Employment Officer of the difficulties.

The selective method of examination for leavers is now firmly established in Worcester. It has led to a cutting down of time spent on purely routine inspection of normal children and allowed more time to be spent on those children who are really in need of our assistance.

There is no doubt that in the future general practitioners will undertake a considerable number of duties within the School Health Service. One of the junior schools in the city now has as its school medical officer a general practitioner who undertakes all the routine medical examinations at the school. This innovation has proved very successful and will, it is hoped, lead to even greater integration between general practitioners and the School Health Service in the future.

	1963	1964	1965	1966	1967
Pupils Inspected ...	3,539	3,398	3,827	2,390	2,522
Unsatisfactory ...	29	16	10	19	16
Percentage Unsatisfactory	.82	.47	.26	.80	.63

DEFECTS OF VISION:

Much of the routine vision testing of school children is now undertaken by means of the Keystone Vision Screener. This versatile instrument is particularly useful for a number of reasons. It can be used in a confined space whereas the conventional vision testing charts require a long room. Special provision is embodied in the instrument for testing children who do not know their letters. In addition, it is possible to test for muscle balance and colour vision as well as detecting errors of refraction. The instrument does not measure the degree of severity of a vision handicap but indicates whether any defect is significant enough to require further investigation. Using this method of screening it is possible to test large numbers of children relatively quickly and to determine which of them should attend the Eye Hospital Clinic for accurate assessment and possible treatment.

The eyesight of school entrants is tested at the age of five years. Subsequent vision testing is carried out at the ages of eight, eleven and fourteen years. In individual cases where

the adequacy of vision is suspect, more frequent intermediate tests are carried out. In this way it is hoped that no children with a defect of vision will remain for long undetected. Children whose vision is less than 6/9 in either eye are referred to the Clinic at the Eye Hospital. Those whose vision is 6/9 in either eye are re-tested at the next session at the school. Colour vision of boys is tested at fourteen years of age using Ishihara charts.

A special clinic for school children at which a nurse from the School Health Service is present is held every week at the Eye Hospital. 749 children were seen at the Eye Clinic in 1967 and spectacles were provided for 299. Of those attending, 129 were referred by the school medical officers and seventy-three by school nurses. The number of new cases was 202 compared with 142 in 1966.

DEFECTS OF EAR, NOSE AND THROAT:

A routine sweep testing with the pure tone audiometer was carried out on 1,145 school entrants. The standard used is lack of response by the child to any one frequency over 20 decibels. A child who fails this test is referred for a threshold test of hearing. If this examination confirms a hearing loss the child is referred to the school medical officer for confirmation and exclusion of simple causes of deafness, such as respiratory infection or wax in the ears, before referral to the Hospital Ear, Nose and Throat Clinic.

The result of the sweep testing during 1967 is as follows:

Entrants Examined	Number referred for Threshold Hearing Testing	Ear Nose and Throat Clinic
1,145	207	20

From the table above it will be seen that twenty children were referred for hospital investigation. The findings in these children and a further seven who were referred independently of the sweep survey were as follows:—

Six boys and six girls were issued with hearing aids.

Three boys and two girls received treatment for chronic infection.

Eight boys and two girls were placed under observation.

During the year Mrs. Blakeway-Smith resigned from the post of peripatetic teacher of the partially hearing and was succeeded by Mr. R. Walsh, who reports upon his work as follows:—

“Hearing impairment affects many forms of employment. Most jobs depend not only upon skill but also on communication. Here lies the vital issue—communication. Mis-hearing what is said often leads to the impression of stupidity or backwardness. Intonation is a very important factor for the partially hearing pupil, and changes of meaning, etc., are not conveyed by lip reading or through the hearing aid, and hence often remarks are taken literally and the true inferred meaning missed: hence another source of misunderstanding. The constant strain to understand and interpret becomes tiring and frustrating, and one tends to give up. Fatigue plays an important part, and one gets tense and tired and a tired person tends to hear less well. Hearing aids alone are not the ‘answer’ to the problem. As the term implies, they are merely an aid or crutch; but by making free use of residual hearing by the hearing aid and by lip reading, the two working in conjunction with each other, these two important factors (auditory and visual) help the mind to focus attention on the speaker, aids concentration and gives alertness and anticipation. Hearing impairment has many side effects. Many are far reaching and many hidden. Lack of self-confidence, enforced isolation, anti-social tendencies, maladjustment, etc., are but a few. But with constant help, supervision, and sympathetic teaching, these can be over-come in the majority of cases.

“Pure tone audiometer tests merely test for threshold of audibility in quietness, and no distinction is made between hearing and discrimination of sounds. The results from the pure tone audiometer give a scientific basis for providing a hearing aid or where the child is likely to fail in speech, etc. Classification therefore is based upon:

1. Degree of hearing loss.
2. Development of speech and language.
3. Ability to lip read.
4. Education attainment—age, mental ability, etc.
5. Character traits.

“ Speech and hearing tests are often very misleading, and although a child can give a 100 per cent response under ideal quiet listening conditions, it is no TRUE indication of an equal response under normal classroom conditions. Classrooms vary from school to school, so do their conditions. Some are situated on noisy main roads, some have large expanses of glass and bare walls which cause reverberation and so the created noise masks the sounds of speech. Heating systems which tend to be noisy can often cover the output of the hearing aid. Extraneous noises can overwhelm speech and the efficiency of the hearing aid decreases in direct relation to distance from the speaker.

“ With these prime factors in mind, and especially function in speech and language commensurate with the child’s age, an investigation of all known children who were classified as partially hearing and those who had a hearing loss (either monaural or binaural), and those children known to have a fluctuating loss was made in September.

“ Due to the wide age group, the varying hearing losses and the spread of I.Q.s and attainment it was impracticable to formulate groups for remedial work etc., and so a time table was drawn up on an individual basis for each child in need of help at his own school amid his own familiar surroundings. The groupings fell in three main categories:—

1. Those children who had speech defects, mainly in the p.b.m. group and s, sh, th (a high frequency loss).
2. Those who due to their impairment were retarded in their academic work especially English/Language.
3. Those who require help in auditory training: —
 - (a) an improvement in speech
 - (b) an improvement in language development
 - (c) an improvement in lip reading
 - (d) improvement in adjustment or re-habilitation and general psychological well-being.

“ Under these various groupings fell twenty-eight children who received weekly instruction. One of the children who was profoundly deaf, attended a nursery class, and although she was making strides socially it was felt that more progress would be forthcoming in a smaller class and among children with her degree of deafness. As the child had achieved “speech readiness” she was transferred to Summerfield House, Malvern,

in October. One pre-school partially hearing child was also given concentrated weekly instruction at home in auditory training and advice and help also given to the child's parents. This child made exceptional progress.

"Another pre-school child of eight months referred by the Health Visitors was found to be profoundly deaf and advice and help was given in auditory training both to the parents and the child. Unfortunately after six weeks of training the family, due to change of employment, had to leave the district. Fortunately the family moved to an area where this auditory training was continued, and the child is now progressing quite satisfactorily.

"Many queries arising from Health Visitors' visits were followed up and parents' worries put at ease. Screening tests were given and in every case no hearing loss was apparent, but many children had slight speech defects, many of which they normally outgrow. All these referred cases will be constantly under surveillance.

"Audiometric tests were given to pupils who either failed the screening tests, or whom it was found difficult to test, and to children who were either queried by parents or teachers in school.

"Issuing of hearing aids to those children in need was undertaken and instruction, help and guidance in their use was given both to the child and parent.

"Interviews for guidance and help were also given to parents of partially hearing children who required it.

"I would like to thank Mr. Stewart (Otologist—Worcester Royal Infirmary) and the staff of the Hearing Aid Department for their very valuable help, advice and co-operation with regard to my many queries. Also the Heads and staffs of all the schools who have so readily given up so much of their valuable time to discuss these hearing impaired children and so make it possible for them to be integrated fully into the life of the school."

SCHOOL DENTAL SERVICE.

Mr. E. R. Dowland, L.D.S., R.C.S., Principal School Dental Officer, reports:—

"2,179 children were inspected at routine visits to schools. 514 children were inspected at the clinic as specials or casuals, 1,452 were found to require treatment and 1,074 accepted clinic treatment. There was a considerable amount of work left over from the previous year which made further routine inspections unnecessary.

“The staffing situation has not improved, but with more sessions worked, as there was little sickness wastage, the total number of visits by patients was increased and the output of work much improved.

“2,615 fillings were done in permanent teeth, and 131 fillings in deciduous teeth.

“The extraction figures were slightly higher, but the ratio of fillings to extractions is a great improvement on the previous year.

“With regard to orthodontic treatment, fewer cases were treated at the clinic by appliance therapy, and only twelve cases were referred to Hospital Consultants.

“Fifteen patients were supplied with small partial dentures, mostly for the replacement of teeth lost through accident.”

SCHOOL HYGIENE:

School medical officers, together with public health inspectors, supervise the hygiene of the schools in the city. They receive great help from the teachers, who are always alert to any potential deterioration or possible improvement in the state of environmental hygiene in the school.

With the construction of new schools a continuous improvement of the prevailing conditions is taking place.

MEDICAL EXAMINATIONS OF TEACHING STAFF.

During the year sixty-three candidates for teachers' training colleges and seven teachers about to take up their duties were medically examined.

EMPLOYMENT OF SCHOOL CHILDREN.

Children undertaking part-time employment have to be medically examined in accordance with bye-laws. Officers employed by the local authority keep careful watch to ensure that no child is employed on work that might be prejudicial to his health or render him unfit to gain maximum benefit from his education.

The majority of children undertaking part-time work of this nature are employed in the delivery of newspapers or in shops. The numbers of children whose fitness for employment has been assessed in recent years are as follows:—

1965	...	303
1966	...	332
1967	...	254

PREVENTION AND TREATMENT

IMMUNISATION AND VACCINATION.

The majority of Worcester children complete a full course of prophylaxis during infancy. Booster injections against diphtheria and tetanus are given on entry to school at five years of age and again at eight years of age. A booster dose of polio vaccine is given on entry to school at five years of age.

The number of re-inforcing doses given during 1967 is as follows :—

			School Entry Booster	Eight Years old Booster	Total
Diphtheria	...	...	954	819	1,773
Tetanus	...	...	951	804	1,755
Poliomyelitis	...	...	1,002	249	1,251

A small number of children who had not previously been immunized received a primary course of protection. The numbers who completed the full course are as follows :—

			Born between 1960 and 1963	All Others under 16 years	Total
Diphtheria	...	...	101	60	161
Tetanus	...	...	110	148	258
Poliomyelitis	...	...	130	64	194

Smallpox re-vaccination is offered at eight years of age to those school children who have been previously vaccinated. During 1967 726 school children were re-vaccinated against smallpox.

B.C.G. VACCINATION.

Protection against tuberculosis by means of B.C.G. vaccination is offered to school children during their thirteenth year of age. Preliminary heaf testing disclosed that 12·5 per cent of the children were tuberculin positive and therefore did not require vaccination. Those children who were absent from school at the time of the testing or vaccination were offered a further opportunity to receive protection by attending the School Clinic during the holiday period. The results of B.C.G. vaccination are as follows :—

	Maintained Schools	Non- Maintained Schools	Junior Training Centre (City Children)	Total
Number Heaf tested ...	824	183	6	1,013
Number found positive ...	110	15	2	127
Percentage positive	13.3	8.2	—	12.5
Number found negative ...	683	168	4	855
Number vaccinated .	671	165	4	840
Number not vaccinated .	12	3	—	15
Number Heaf tested but not read ...	31	—	—	31

REMEDIAL EXERCISES:

Mr. W. K. Edwards, Remedial Gymnast, reports as follows:—

“During the year an average of 300 children received remedial exercises each week throughout Worcester schools. Approximately 152 were discharged as having been corrected of some minor defect.

“As my weekly visits are invariably known as ‘Foot-exercises’ and many teachers have shown interest and, I suspect, wondered what was going on, perhaps a brief outline may not be amiss:—

“Conditions requiring treatments can be largely divided into the following categories:—

- (i) Foot—Flat-foot, splayed feet and pigeoned-toed.
- (ii) Posture—Round-shoulders, Hollow-back and Lateral curves of the spine.
- (iii) Chest—Asthma and ‘chestiness’.
- (iv) Miscellany.

“ Foot :

Flat-foot proper ; that is, structural (bony) abnormality cannot be corrected by exercises but the often accompanying awkwardness can be remedied by general foot and posture exercises. Postural Flat-foot (eversion) ; that is, the foot appears flat both in standing and walking although there is no structural abnormality present. This condition is fairly easily corrected with intelligent co-operation especially between the ages of seven to nine years. The Apparent Flat-foot ; that is, the foot appears flat in the standing position but, on walking, the arches become activated. This, in my opinion, is the ideal foot and requires no attention. Splayed-feet and Pigeoned-toed can often be traced to a faulty habit posture of the hips.

“ Shoes :

To say that shoes should present the same basic shape as feet ought to be a statement of the obvious. Unfortunately most shoe manufacturers seem to think that feet undergo geometrical metamorphosis after size fives. The prolonged wearing of gym. shoes is detrimental to feet because while not giving support, as do shoes, they prevent reflex muscular contraction which bare footedness provides. In other words, they have the disadvantages of shoes and bare feet without the compensating advantages of either.

“ Posture :

Besides requiring corrective exercises children in this category, especially those with round-shoulders, often show some emotional problems.

“ Chest :

From observation and forty months of vital capacity graphing, it has become evident that both asthmatic and ‘chesty’ children require an initial three months of vital capacity boosting together with posture exercises. More important for asthmatic children is that they be taught ‘asthma attack control’ whereby each child finds out which body position is best when recovering from a stressed condition. This position varies from one child to another but abdomino-diaphragmatic breathing is always encouraged. Once a child has this measure of ‘control’ there should be no reason, other than medical, why he or she should not take part in normal P.E. with the proviso that a ‘recovery-position’ can be adopted should stress symptoms arise.

“ Miscellany :

Generally include postural defects arising from mental, neurological and obese conditions. The first two require coaching in developmental activities. The third condition promotes flat-feet, knock-knees and slovenly posture. The exercise par excellence here is a side-to-side rotary movement of the head whenever sweets and carbohydrates are in the offering together with plenty of running and climbing outdoors. And thereby lies the problem of the physically backward child, no matter what the cause ; he needs the exercise but nobody passes the ball to him. Literally and neuro-muscularly he almost stands still while the good children make progress.”

ENURESIS CLINIC :

For a number of years the School Health Service has loaned buzzer alarms to children suffering from nocturnal enuresis. The results were reasonably satisfactory, but it was felt that the treatment of this distressing but all too common complaint needed to be re-organized in a more systematic way. Accordingly, at the beginning of 1967, a regular Enuresis Clinic was established which is now held on Tuesday afternoons at the School Clinic by one of the school medical officers.

Children are referred to the clinic by general practitioners, school medical officers and school nurses, and are sent for by appointment. On the child's first visit to the clinic a full history of the case is taken followed by a physical examination. Specimens of urine from each child are sent to the laboratory for examination and analysis, in order to exclude any possible urinary infection. Following this, the method of using the buzzer alarm is explained to parent and child, who are then able to take the instrument for use in their home.

It has been found from experience that the buzzer alarm is rarely effective in very young children. Indeed by frightening them it may be positively harmful. The lower age limit of referral to the Enuresis Clinic is therefore seven years.

The child and his parents attend the clinic at monthly intervals during treatment in order that progress can be assessed and any difficulties ironed out. By this combination of close supervision and personal interest in the child's

problem, it is possible to achieve considerable success in treatment. The results of those treated at the clinic during 1967 are as follows:—

		Boys	Girls	Total
Condition cured	...	19	13	32
Condition improved	...	3	1	4
No improvement	...	5	4	9

Before treatment is necessary it is considered that a child should be wet at night on an average of at least two nights per week. A cure is regarded when the child has gone for fourteen consecutive nights without wetting the bed. Parents are encouraged to report any relapse to the clinic, so that further treatment may be given. So far only two children who were cured during 1967 have relapsed sufficiently to require a further course of treatment.

ULTRA-VIOLET LIGHT THERAPY:

Ultra-violet light therapy is given during the Spring and Autumn terms to pupils attending Rose Hill Open Air School, if recommended by the school medical officer. The number of children who attended these sessions during the year are as follows:—

Age 5 to 7 years	12 children
Age 7 to 15 years	47 children

In the Autumn term a course of treatment was provided for certain pupils attending Gorse Hill School, the number treated being as follows:—

Age 5 to 7 years	20 children
Age 7 to 15 years	20 children

CHIROPODY:

One hundred and forty-nine children were treated at the Chiropody Clinic during the year. The clinic is situated on the ground floor of Church House and is undertaken by Miss J. E. Price and Mrs. M. R. Gilbert. As in previous years, a most commonly occurring condition was verrucae on the feet.

HEALTH EDUCATION:

A series of talks, discussions and films was given in four schools during 1967. The subjects covered include "Dangers of Smoking and Drugs", "The Development of the Growing Boy and Girl" and "Preparation for Marriage and Parenthood". These discussions were well received by the children concerned, and do, we feel, form a valuable part of their education. It is hoped to extend the scope of these subjects in the future.

CONVALESCENT HOLIDAYS:

By courtesy of the Education Committee, four children were sent on convalescent holidays during the year.

MINOR AILMENT CLINIC:

A weekly clinic is held on Tuesday mornings, at which a doctor is present. Relatively few children attend nowadays for minor ailments, and the clinic is used as a source of referral of children requiring more detailed examination.

HEAD INFESTATION:

A total of 21,207 individual examinations of pupils in schools were made by the school nurses during 1967 and 411 pupils were found to be infested with lice or nits.

Every effort is made by health visitors and school nurses to keep a regular and careful check on the heads of school children. Particular attention is paid to schools where persistent offenders have been found in the past. In spite of our efforts, however, there remain a hardcore of children who quickly become re-infested by home contacts.

ACCIDENTS INVOLVING SCHOOL CHILDREN:

I am grateful to the Chief Superintendent, 'C' Division, West Mercia Constabulary, for the following report:—

"Accident Figures:

The total number of accidents in Worcester, reported to the Police during 1967 was 1,001. This shows a decrease of 358 accidents over the previous year, but a percentage of this number undoubtedly results from many minor 'Damage only'

accidents, which have not been brought to the notice of the Police or where names and addresses have been exchanged by the drivers involved and no further Police action is necessary.

“Of the accidents reported, however, 357 involved personal injury, resulting in 439 casualties and seven persons who received fatal injuries. This is a decrease of sixty-eight injured persons but an increase of two fatalities, over the 1966 figures.

“With regard to accidents involving children, during the year one child pedestrian was fatally injured, as a result of running into the road heedless of traffic, and one child pedal cyclist was fatally injured.

“The following table gives details of all child casualties for the year, and as usual it will be seen that about two thirds of the total are young pedestrians.

	Fatal	Serious Injury	Slight Injury
Pedal Cyclists	1	2	14
Pedestrians	1	12	25
Others (Veh. Passengers)			7
	2	14	46

“School Cycle Training:

The National Cycling Proficiency Scheme continues to operate in some twenty junior and secondary schools in the City, due to the untiring help of a still small, but loyal band of voluntary instructors. These are made up from members of the teaching staff at a few of the schools, but in the main consist of our friends from the G.P.O. and Midland Red, who have given many years of valuable instruction to many hundreds of our local children.

“During the year 221 children gained their Cycling Proficiency Certificates, and amongst these were five pupils from the Rose Hill Open Air School, which had not hitherto taken part in the scheme. These pupils undertook their course of training together with a class from Stanley Road Junior School and, from their exam results, showed that they were capable cyclists and well up to the standard required.

“ In addition to the various courses held at schools, the usual Holiday Course was held on Pitchcroft during the Summer holiday, and a class of thirty-eight pupils was trained and passed the proficiency exam.

“ Various presentations of Certificates and Badges were held during the year at a number of schools, and in addition two public presentations took place in June and September. The first of these was at the Guildhall when the children received their awards from His Worship the Mayor, Alderman E. J. Whitt. The latter occasion was at the City Magistrates' Court Room, when Mr. J. O. Darlington, the Midlands Divisional Organiser for RoSPA, made the presentations.

“ Talks to Schools :

During the year, the usual visits were made to a number of infant and junior schools, where talks, demonstrations and film shows were given to the children by the Road Safety Officer and other Police Officers and Dog Handlers. With kerb drill being the main theme of these sessions, the use of Police Dogs never fails to impress the children.

“ Talks were also given to senior pupils at two secondary schools, on the legal and safety aspects of riding scooters and motor cycles, and both these sessions proved highly successful.

“ City of Worcester Show :

Although the 1967 Show was only a one day event, the usual Road Safety Exhibition was staged by the Road Safety Committee. Training for the young motor cyclist was the theme of the exhibition, and under the guidance of instructors from the Worcester Auto Club, young ‘ would be ’ motor cyclists were able to try their hand at riding Raleigh ‘ Wisp ’ motor scooters, round a simulated training circuit.

“ Road Safety Quiz Competitions :

The Richards Cup for Senior Schools was held during the Spring Term, with eight teams taking part. The winners for the second year running were Christopher Whitehead Girls' School, with the Girls' Grammar School runners-up.

“ The Elt Cup for Junior Schools was contested by teams from fourteen junior schools during the Summer Term and after some close fought matches, the winners were St. Stephen's Junior School and Elbury Mount Junior School in second place.

“Most of the rounds in these competitions were held during the late afternoon, in front of audiences from the various schools. As a result many of the varied aspects of road safety were brought to the attention of several hundreds of our local children.

“Following their win in the Elt Cup, the Christopher Whitehead Girls’ team represented the City in the Worcestershire Inter Town Competition, for the Frederick Smith Cup. For the second consecutive year they were the County champions and as a result went on to represent the County in the Midlands Region competition, but in the semi-final were knocked out by the Hereford County team”.

DEATHS OF SCHOOL CHILDREN:

- (1) A boy aged twelve years died following brain injuries sustained when a pedal cycle ridden by him collided with a motor car.
- (2) A boy aged twelve years died of multiple cerebral haemorrhage caused by head injuries sustained when he was knocked down by a motor car.
- (3) A girl aged fourteen died from leukaemia.

INFECTIOUS DISEASE

Infectious disease amongst school children was generally quiescent during 1967.

INFECTIVE HEPATITIS:

At the beginning of the year infective hepatitis was made a notifiable disease in Worcester in order that we could partake in a trial of gamma globulin in the treatment of this disease on behalf of the Public Health Laboratory Service. A number of cases among school children were subsequently notified and gamma globulin was given to some children in a small number of schools. A subsequent follow-up of these children was undertaken during the year, the results being forwarded for analysis to the Public Health Laboratory Service.

	Number of Cases Notified										Grand Totals			
	5 years to 9 years				10 years to 14 years				Totals					
	1967		1966		1967		1966		1967		1966			
	M	F	M	F	M	F	M	F	M	F	M	F		
Scarlet Fever	24	27	16	17	3	3	3	1	27	30	19	18		
Whooping Cough	8	4	5	1	—	1	—	—	8	5	5	1		
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—		
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—		
Measles	170	149	128	116	18	16	2	7	188	165	130	123		
Diphtheria	—	—	1	6	—	—	1	—	—	—	2	6		
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—		
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—		
Acute Pneumonia (Primary or Influenzal)	6	1	—	1	—	1	1	—	6	2	1	1		
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—		
Acute Encephalitis (infective)	—	—	—	—	—	—	—	—	—	—	—	—		
Acute Encephalitis (post infectious)	—	—	—	—	—	—	—	—	—	—	—	—		
Enteric or Typhoid Fevers	—	—	—	—	1	—	—	—	1	—	—	—		
Paratyphoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—		
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—		
Food Poisoning	—	—	9	7	1	—	3	7	1	—	12	14		
Tuberculosis (Respiratory)	—	—	1	1	—	—	—	2	—	—	1	3		
Tuberculosis (Non-Respiratory)	—	—	—	—	—	—	—	—	—	—	—	—		
Infective Hepatitis ...	9	3	*	*	2	3	*	*	11	6	*	*		
Totals ...	217	184	160	149	25	24	10	17	242	208	170	166		
									450		336			

* Infective Hepatitis not notifiable until 9th January, 1967.

Measles. 1967. Of the 319 cases of measles notified in the 5 years to 9 years age group 166 were among children entering school at 5 years old.

1966. Of the 244 cases of measles notified in the 5 years to 9 years age group 150 were among children entering school at 5 years old.

HANDICAPPED PUPILS

The assessment of handicapped pupils is one of the most important functions of the School Health Service. By continuously observing children in Worcester from their infancy, a picture is built-up of the individual child's abilities and the extent of any handicap, before he enters school. This enables a suitable educational placement to be arranged in good time for those children who cannot, without detriment to themselves or to other children, attend a normal school.

Whenever possible, handicapped children are retained in ordinary schools, as it is obviously of great benefit for them to be able to live at home and receive their education within a normal school environment. This policy must not be carried too far, however, as some handicapped children never develop to their full potential without the specialized therapeutic and educational facilities which are available in some special schools.

A no less important task is presented to us when the handicapped child approaches the age when he will leave school and seek employment. It is often difficult for young people with disabilities, mental, physical, or as so frequently happens, a mixture of both, to find and keep the kind of work to which they are most suited. The nature and extent of the young person's disability, his personality and intelligence, all have to be taken into account by those whose job it is to advise and help the handicapped school leaver. With this in mind, it was decided to establish a system of case conferences at which the future of handicapped children approaching school leaving age could be fully considered. The first case conference was held at Rose Hill Open Air School in November, 1967, and was attended by the headmistress, school medical officer, educational psychologist, youth employment officer and Director of Welfare. The future of those children leaving Rose Hill Open Air School during the following year was fully discussed and suggestions were made for suitable care, training or employment for each individual child according to his or her ability and inclination.

It was felt that this initial case conference was of considerable value, and accordingly a similar meeting was held early in 1968 to consider the future of children leaving St. Paul's Special Class. In due course it is hoped to establish a similar conference for children prior to their leaving Thornton House Special School.

- (a) Blind pupils, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

One girl attends Lickey Grange School.

- (b) Partially sighted pupils, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

Two boys and one girl attend Exhall Grange, Coventry.

One boy attends the West of England School for the Partially Sighted, Exeter.

One boy attends Rose Hill Open Air School, Worcester.

- (c) Deaf pupils, that is to say pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language.

Two boys and one girl attend the Royal School for the Deaf, Birmingham.

One girl attends Summerfield School for the Deaf, Malvern.

- (d) Partially hearing pupils, that is to say pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

(i) At Residential Schools:

One boy attends the Royal School for the Deaf, Birmingham.

One girl attends Summerfield School for the Deaf, Malvern.

(ii) At Rose Hill Open Air School:

Two boys and two girls attend Rose Hill Open Air School, Worcester.

(iii) At Ordinary Schools:

During the year twelve children were issued with hearing aids for the first time, and there are now in all fifty-four school children who have been issued with hearing aids. Most of them are managing satisfactorily at ordinary schools with the help of remedial and individual teaching. They are kept under observation at the Ear, Nose and Throat Clinic of the Worcester Royal Infirmary, as well as by the school health service.

There are a number of other children who have some degree of hearing loss which is not severe enough to require a hearing aid. These children also require careful supervision to detect any deterioration in their hearing.

- (e) Educationally subnormal pupils, that is to say pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

The opening in September of Thornton House School marked a great step forward in the provision of special education for educationally subnormal children in Worcester. Previously education for those requiring more individual attention than could be given in an ordinary school was provided at St. Paul's Special Class or at residential schools. This was a rather limited choice and not always appropriate, for some children. Since the opening of Thornton House, however, we are able to recommend educationally subnormal children for education in a school which has its whole purpose orientated towards helping the slow learning child and giving him the attention and encouragement that he needs in order to realize his full potential.

Nineteen children, of whom ten were girls, were classified as educationally subnormal in 1967. In a number of instances admission to Rose Hill Open Air School was advocated where the pupils concerned had a double handicap. The remainder were admitted either to Thornton House School or were able to continue at

their ordinary school with the help of individual teaching. I am grateful to Mr. Breez, Headmaster of Thornton House School, for the following report:—

“ These modern buildings in the pleasant surroundings of Rose Hill grounds were occupied for the first time on 6th September, 1967, when fifty-nine city and county children entered the main doors and a new school was born.

“ There were, of course, the usual problems of a new school—workmen with jobs to finish, furniture delayed because of strikes, but within a few weeks the school had settled in and the children and staff had taken on an identity and become a happy working team.

“ With its new buildings the school was able to offer hospitality in the form of housecraft instruction to some girls of Rose Hill Open Air School, our very good neighbours, and also to girls from St. Paul's.

“ During the first term a number of functions were held. These included a Harvest Festival, an Open Evening for parents, a Rummage Sale and a Christmas Party and film. We also held a Carol Service by candle-light. With the money from the Rummage Sale we were able to pay for the Christmas Party and to purchase our first canoe ready for the adventure of summer.

“ During the present term we are working hard at our main business—the creation of good social habits in an endeavour to turn out well adjusted young people who can hold down employment and mix well with their contemporaries. Basic subjects are also an important part of our syllabus, particularly reading and crafts. We include in our crafts at present, rural studies and gardening, housecraft with all the skills that this entails, pottery from which we have already had good results, woodwork and plenty of do-it-yourself type of jobs including the repair of old toys, etc. We hope to develop in the direction of home decorating and repair, simple concrete and path laying and wrought iron-work. We also aim to introduce the children to the use of machinery and our first lathe is already fitted. There has been a good attendance at the Stanley Road Baths and fifteen awards have already been made.

“ It must be emphasised here that as our children are slow learners, and that as this is usually accompanied by some emotional blockage through a history of failure, our techniques do not include forcing or any competition. We encourage and give quick and easy success through the breakdown of practical work into simple operations. This shows the necessity for reading as many of our tasks can only be attempted when the children can read the task cards which tell them what to do.

“ We have welcomed the help and visits of the school health staff, the remedial gymnast, Mr. Edwards, and the school psychologist, Mr. Rubery. Our thanks must also go to the staff of the Education Office who planned, ordered and helped before, as well as since, the school opened. The school meals have been of a high standard and the staff feel that the children are showing the benefit of ample, nutritious food at reasonable cost.

“ We anticipate that approximately 95 per cent of the school are long term, but we should encourage transfer to normal school of any particular children we felt could cope with the competitive environment involved.

“ We welcome interested visitors to this school at almost any time ; it is felt that the children gain from any sympathetic contact and from exhibiting their work. A 'phone call to the Headmaster first is advisable ”.

The following means of education for educationally subnormal pupils are now provided by the city :—

(i) At Residential Schools :

Eleven boys and four girls attend schools for the educationally subnormal.

(ii) At Thornton House School :

At the end of 1967 fifty-three city children, thirty-one boys and twenty-two girls, were attending Thornton House School.

(iii) At Rose Hill Open Air School:

TOTAL E.S.N.	ADDITIONAL HANDICAP					
	Delicate	Mal- adjusted	Physi- cally Handi- capped	Epileptic	Partially Hearing	Speech Defect
23	11	2	4	3	2	1

(iv) At the Special Class at St. Paul's School:

Eight pupils, five boys and three girls, attend this class.

(v) At Ordinary School:

A number of children classified as educationally subnormal attend ordinary schools in the city. With a few exceptions, these children have I.Q.'s of over 70 and can cope in ordinary schools if assisted by remedial teaching.

- (f) Epileptic pupils, that is to say pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

At present we have no children who attend a residential school primarily on account of epilepsy, but eight children, six boys and two girls, attend Rose Hill Open Air School because of this condition.

A number of children who suffer from infrequent epileptic attacks attend ordinary schools. The majority of them manage very well, but some experience difficulty in working at a standard commensurate with their ability if they are receiving daily treatment with anti-convulsant drugs.

- (g) Maladjusted pupils, that is to say pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect personal, social or educational re-adjustment.

The difficulties presented by the maladjusted school child remains one of the most intransigent problems associated with handicapped children. How to prevent

the situation arising, how to treat the condition when it exists and how to care for the child suffering from maladjustment are all questions to which the answers are still incomplete. When faced with the problem in the school child it is often necessary to decide whether a change of educational placement is indicated. At present in Worcester there is no school or class available which caters specifically for the needs of maladjusted children, so that residential schooling is the only alternative to remaining at an ordinary school, apart from a number of carefully selected children who make excellent progress and re-adjustment within the supportive frame-work of Rose Hill Open Air School. A small number of children have anxiety states or school avoidance which is so severe that they are unable to attend school at all and receive part-time home tuition. The teachers who undertake this work deserve special appreciation for all the effort and patience which they show in helping these unfortunate children.

We are indebted to Dr. J. J. Graham, Consultant Psychiatrist, and to his staff at the Worcestershire Child Guidance Clinic for all the help that they have given to the children whom we have referred to them. Seventy eight school children received treatment at the Child Guidance Clinic during the year. Eight children attend residential schools for maladjusted children:—

Three are at Berrow Wood School, Pendock ;

One is at Shotten Hall School, Harmer Hill, Near Shrewsbury ;

One is at Bodenham Manor, Near Hereford :

One is at Stoke Lake School, Torquay ;

One is at Pottersbury Lodge School, Towcester ;

One is at The Friends School, Lancaster.

We are grateful for the expert assistance and advice given to us by Mr. W. G. K. Rubery, Educational Psychologist, who reports upon his work as follows:—

“ The function of a School Psychological Service is to provide a service involving assessment, treatment and advice for children attending city schools. It cannot,

however, be effective unless due attention is paid to the institution playing the major role during the child's formative years—the family. Thus a better description might be a Schools and Family Psychological Service.

“So much has been written and broadcast in recent years on the behaviour and needs of children, that some parents are unable to trust their own judgement and are unsure of what they should do when faced with a problem concerning their child. The schools provide a source of good advice and are often consulted by parents. On occasions they may refer the child and his parents to the School Psychological Service. Often the factors leading to referral are observed within the school. The child may be experiencing learning difficulties, may be aggressive or withdrawn or unhappy. The approach to problems must be on the basis of helping the child to make a better adjustment to his environment, and at the same time supporting the efforts of school and family.

“During the year ending 31st December, 1967, a total of 169 children were referred to the service. This total does not, however, include children referred before the 1st January, 1967, and who continue to need attention. The Psychologist and Social Worker also work in collaboration with Dr. J. J. Graham, Consultant Psychiatrist, with city children and their families referred to the Child Guidance Clinic.

“Mention should also be made of the valuable work undertaken by the four Peripatetic Remedial Teachers who each year provide specialised tuition in reading for approximately 200 children.

“The causes of reading failure are many, and certainly each case needs individual consideration. The Remedial Teachers, however, also have to contend with the emotional consequences of failure that many children exhibit. Failure can be associated with feelings of rejection, and thus with blame and consequent loss of confidence. Many of these children come to accept that school work is too hard for them and they do not expect success. Steps have to be taken to remedy these attitudes and provide situations where the children see that success is within their grasp. The value of remedial teaching is that not only does the child increase his skill in reading, but that his attitude towards other school work and to life in general may be improved.

Particulars of Children Referred.

				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1.	Children referred during 1967			110	59	169
2.	<i>Age at referral</i>					
	5.0—5.11	...	...	7	4	11
	6.0—6.11	...	...	2	2	4
	7.0—7.11	...	...	8	2	10
	8.0—8.11	...	...	17	8	25
	9.0—9.11	...	...	18	7	25
	10.0—10.11	...	...	17	7	24
	11.0—11.11	...	...	11	5	16
	12.0—12.11	...	...	7	8	15
	13.0—13.11	...	...	9	6	15
	14.0—14.11	...	...	8	5	13
	15.0—15.11	...	...	6	4	10
	16.0	...	...	—	1	1
3.	<i>Source of referral</i>					
	Head Teachers	...	...	57	25	82
	Principal School Medical Officer (and his staff)	...	...	26	14	40
	Director of Education	...	...	2	—	2
	Child Guidance Service	...	...	23	19	42
	Others	...	...	2	1	3
4.	<i>Reasons for referral</i>					
	Behaviour difficulties	...	...	24	16	40
	Mental Assessment	...	...	9	4	13
	Educational Guidance	...	...	48	14	62
	Emotional difficulties	...	...	14	16	30
	Poor School Attendance and School Phobia	...	...	15	9	24

- (h) Physically handicapped pupils, that is to say pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

While the more severe cases of physical handicap are educated at residential schools, a considerable number of permanently disabled children attend Rose Hill Open Air School. This school was originally intended for delicate pupils, but it now also serves quite satisfactorily for physically handicapped pupils whose condition has entered a chronic stage, and also for physically handicapped school entrants where a period of medical and psychological assessment is required before deciding upon permanent educational placement.

(i) Children at Residential Schools:

Two children attend Tudor Grange Special School. Solihull;

One child attends the Lord Mayor Treloar College. Alton, Hampshire;

One child attends Burton Hill House School. Malmesbury.

(ii) Children at Rose Hill Open Air School:

Fourteen children, ten boys and four girls, who are physically handicapped, attend Rose Hill Open Air School.

A number of children with physical defects which are not severe enough to warrant classification as physically handicapped attend normal schools.

- (i) Pupils suffering from speech defect, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

It is a matter of great concern to us that we have now been without the services of a speech therapist for almost two years. Throughout the country there is a great shortage of speech therapists, and despite all our efforts to fill the vacancy that exists there have been no applicants. We hope that during 1968 there may be some improvement in this unfortunate situation.

- (j) Delicate pupils, that is to say, pupils not falling under any other category in this regulation who, by reason of impaired physical condition, need a change of environment or cannot without risk to their health or educational development be educated under the normal regime of ordinary schools.

(i) At Residential Schools :

One child attends Steiner Camphill Lodge, Aberdeen ;

One child attend Mounton House School, Chepstow ;

One child attends Hephaistos School, Near Reading.

(ii) At Rose Hill Open Air School :

Forty-eight children, thirty boys and eighteen girls, who are classified as delicate, attend Rose Hill Open Air School. I am grateful to Miss P. Smith, Headmistress, for the following information on the work of the school :—

“ The year 1967 has seen many major changes in the routine at the Open Air School.

“ Firstly, both breakfast and tea have been discontinued since September. In addition the rest period, when the children lay on their beds between blankets for an hour at mid-day, has also been stopped. It was felt by the medical officers that all these measures were no longer necessary in our modern society. At the same time, the school day was shortened by half an hour to fall in line with the hours of the new Thornton House School, but this was balanced by beginning the afternoon session half an hour earlier.

“ During the lunch time break, the children now spend part of the time in the playground, if the weather is suitable, and the rest of the time they take part in quiet activities, such as painting, reading, chess, monopoly, etc.

“ On the whole these changes have proved beneficial to the school, allowing us more time for school work. We still have a few children who need rest at mid-day, and we have also found that five or six children are sent to school each day without breakfast. Biscuits are provided for these children at the moment.

“ Most of the junior educationally subnormal children transferred to Thornton House School in September, but Rose Hill still has educationally subnormal children over thirteen and also educationally subnormal children who have a second handicap.

“ A Health Education Course was successfully taken with all the senior pupils during the Spring Term, with doctors, nurses, marriage guidance counsellors and clergymen, all taking part.

“ We have continued our scheme for taking our juniors and seniors to local events and factories, in spite of their handicaps, and have visited the Bromsgrove Festival, the Three Counties' Show, Hartlebury Castle Museum, the Swan Theatre, the Cathedral, and local factories, stores and organisations. We also spent a day at Weston, travelling by coach with all the children. On these journeys we look as if we are going for a month, for with such a variety of handicapped children, we have to be prepared for any eventuality, from epileptic fits, asthma attacks to heart attacks or incontinency. Nevertheless, we think the care and trouble are all worthwhile, for the children have a very happy day.

“ We still cope with a wide variety of handicaps and we still give extra vitamins, extra milk and special diets when they are required. We also give sessions of ultra-violet ray treatment during the winter months. During December, some children were found to be infected by streptococci and all the children were given penicillin for five days as a precautionary measure.

“ Mr. Walsh, the peripatetic teacher for the deaf, regularly visits the school and deals with three partially deaf children, and Mr. Edwards, the remedial gymnast, has a large clientele at Rose Hill.

“ The following tables show the handicaps of those children admitted or discharged during 1967 ”.

Admissions during 1967:

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Delicate and bad home ...	2	—	2
Epileptic	1	1	2
Delicate and underweight ...	1	2	3
Spina bifida and paraplegia	1	—	1
Eye ulcers	—	1	1
Asthma	1	—	1
Poor physique and squint ...	1	—	1
E.S.N.	1	—	1
Hemiparesis	1	—	1
Maladjusted	4	—	4
Defective feet	1	—	1
Bronchitis	1	—	1
Eczema and asthma ...	1	—	1
Delicate	—	1	1
Meningocele and E.S.N. ...	—	1	1
Chronic otitis media ...	1	1	2
Eosinophil granuloma ...	—	1	1
Recurrent respiratory infection	1	—	1
	—	—	—
	18	8	26
	—	—	—

Withdrawals during 1967:

Asthma	—	2	2
Maladjustment	9	1	10
E.S.N.	5	2	7
Spasticity	1	—	1
Diabetes	—	1	1
Muscular deterioration ...	—	1	1
Bad home conditions ...	—	3	3
Partial hearing	1	—	1
Infective hepatitis	1	—	1
General debility	4	2	6
Retention of faeces ...	—	1	1
School phobia	2	—	2
Chronic otitis media ...	1	—	1
	—	—	—
	24	13	37
	—	—	—

SCHOOL MEALS SERVICE

I am indebted to the Director of Education and Miss M. Arlidge, School Meals Organiser, for the following information :

“ A total of 1,577,282 meals were served during the year to children in maintained schools, an increase of 2 per cent over 1966. The percentage of children taking meals in September was 70 per cent, giving a daily average of 7,966 meals, being provided from twenty school kitchens.

“ In the course of the year twelve members of the School Meals Staff attended a course in food hygiene, and six of the staff entered and obtained the qualifying certificate issued by the Royal Society of Health in the Hygiene of Food Retailing and Catering.

“ Changes in the Local Government Act came into force in April, the main change being that the 100 per cent specific grant for the School Meals Service ceased on 31st March, 1967. Expenditure for milk and meals is now merged with the General Grant to the Authorities.

“ The ‘ highlight ’ of the year was the September opening of the new day special school, Thornton House, which has its own kitchen and dining facilities. The dining arrangements are most agreeable, as the school staff have developed a very friendly atmosphere amongst the seventy children who are taking meals.

“ In November the Service faced difficulties with the meat supplies with the outbreak of foot and mouth disease, bringing the embargo on Argentine meat. Added to these factors, with the de-valuation of the pound, increased costs for the meat content of the meal are inevitable. No variation has been made to the allowance advised by the Department of Education and Science in the nutritional circular 3/66 for School Meals. The full meat protein content of the meal is being maintained.

“ For the twelve months ending 31st December, 1967, 1,967,664 one-third pint bottles of pasteurised milk were consumed. The average number of children drinking milk in maintained schools during the year was 82.21, a decrease of 1.2 per cent from the previous year ”.

SCHOOL MEDICAL INSPECTION AND TREATMENT STATISTICS

Total number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1968 12,195

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth) (1)	No. of Pupils who have received a full medical examination (2)	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No. (3)	Unsatisfactory No. (4)		For defective vision (excluding squint) (6)	For any other condition recorded at Part II (7)	Total Individual Pupils (8)
1963 and later	24	24	—	—	—	3	3
1962	589	587	2	—	5	78	74
1961	512	511	1	—	10	93	88
1960	47	47	—	—	1	3	4
1959	15	15	—	—	—	2	2
1958	11	11	—	—	—	—	—
1957	10	10	—	—	—	2	2
1956	216	216	—	—	16	39	49
1955	547	544	3	—	38	76	104
1954	216	214	2	—	18	27	41
1953	104	103	1	—	7	15	21
1952 and earlier	231	224	7	—	28	48	67
TOTAL ..	2,522	2,506	16	658	123	386	455

Col. (3) total as a percentage of Col. (2) total 99.37% Col. (4) total as a percentages of Col. (2) total 0.63% (to two places of decimals.)

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	1,090
Number of Re-inspections	...	...	...	1,080
				—
Total				2,170

TABLE C—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	21,207
(b) Total number of individual pupils found to be infested	...		411
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)			—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...		—

PART II

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR.

Defect or Disease	PERIODIC INSPECTIONS				Special Inspections
	Entrants	Leavers	Others	Total	
Skin *T	7	12	30	49	24
*O	18	2	12	32	3
Eyes— <i>a.</i> Vision T	17	34	72	123	17
O	65	6	44	115	5
<i>b.</i> Squint T	16	2	10	28	3
O	10	2	3	15	1
<i>c.</i> Other T	4	—	6	10	—
O	2	1	2	5	3
Ears—					
<i>a.</i> Hearing ... T	2	1	1	4	18
O	44	6	11	61	45
<i>b.</i> Otitis Media T	1	—	1	2	5
O	48	2	5	55	5
<i>c.</i> Other ... T	2	1	2	5	2
O	2	—	3	5	1
Nose and Throat T	10	7	1	18	—
O	54	7	23	84	6
Speech T	8	—	—	8	6
O	14	3	1	18	3
Lymphatic Glands T	3	—	—	3	—
O	21	1	10	32	2
Heart T	1	—	1	2	1
O	6	4	9	19	6
Lungs T	9	1	2	12	4
O	31	5	13	49	11
Developmental—					
<i>a.</i> Hernia ... T	5	—	1	6	—
O	1	—	—	1	—
<i>b.</i> Other ... T	4	—	3	7	—
O	41	3	4	48	3
Orthopædic—					
<i>a.</i> Posture ... T	26	8	23	57	5
O	4	3	2	9	—
<i>b.</i> Feet ... T	62	4	19	85	19
O	10	5	11	26	3
<i>c.</i> Other ... T	7	2	7	16	4
O	12	2	12	26	7
Nervous System—					
<i>a.</i> Epilepsy ... T	1	1	2	4	1
O	—	2	—	2	6
<i>b.</i> Other ... T	2	3	8	13	4
O	37	3	11	51	11
Psychological—					
<i>a.</i> Development T	—	—	2	2	30
O	48	12	12	72	50
<i>b.</i> Stability ... T	—	—	—	—	7
O	21	6	10	37	14
Abdomen ... T	2	3	1	6	1
O	6	5	4	15	3
Other T	10	12	27	49	9
O	29	2	28	59	4

*T Pupils requiring treatment

*O Pupils requiring observation

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND
SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	7
Errors of refraction (including squint) ..	742
Total	749
Number of pupils for whom spectacles were prescribed	299

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND
THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ..	10
(b) for adenoids and chronic tonsillitis	45
(c) for other nose and throat conditions	4
Received other forms of treatment ..	3
Total	62
Total number of pupils still on register of schools at 31st December, 1967, known to have been provided with hearing aids :—	
(a) during the calendar year 1967	12
(b) in previous years	42

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number known to have been treated
(a) pupils treated at clinics or out-patients departments	84
(b) pupils treated at school for postural defects and feet	518
pupils treated at school for asthma and other minor chest ailments ...	81
Total	683

TABLE D.—DISEASES OF THE SKIN.

(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm (a) Scalp .. .	—
(b) Body .. .	—
Scabies	5
Impetigo	1
Other Skin Diseases	25
Total ..	31

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number known to have been treated
Pupils treated at Child Guidance Clinics	78

TABLE F.—SPEECH THERAPY.

	Number known to have been treated
Pupils treated by speech therapists ..	—

TABLE G.—OTHER TREATMENT GIVEN.

	Number known to have been dealt with
(a) Pupils with minor ailments	4
(b) Pupils who received convalescent treatment under School Health Service arrangements	4
(c) Pupils who received B.C.G. vaccination	840
(d) Other than (a), (b) and (c) above.	
(i) Audiometric examination 5 year old sweep	1,145
(ii) Audiometric centre—special examinations	207
(iii) Ultra violet light therapy ..	99
(iv) Pupils who attended the Chiropody Clinic	149
(v) Pupils who received treatment for enuresis	45
Total (a)-(d) ...	2,493

SCREENING TESTS OF VISION AND HEARING

(Where boxes are provided for the answers please place ticks in the appropriate box or enter the ages, where requested, in Arabic numerals)

(a) Is the vision of entrants tested as a routine within their first year at school?

YES	NO
✓	

(b) If not, at what age is the first routine test carried out? ...

2. At what age(s) is vision testing repeated during a child's school life?

6	7	8	9	10	11	12	13	14	15	16
	✓					✓		✓		

Also at routine medical inspections

3. (a) Is colour vision testing undertaken?

YES	NO
✓	

(b) If so, at what age?

School leavers—14 year olds

(c) Are both boys and girls tested?

BOYS	GIRLS
✓	

4. (a) By whom is vision testing carried out?

School Nurse.

(b) By whom is colour vision testing carried out?

School Doctor—School Nurse

(a) Is routine audiometric testing of entrants carried out within their first year at school? ...

YES	NO
✓	

(b) If not, at what age is the first routine audiometric test carried out?

(c) By whom is audiometric testing carried out?

Initially by Audiometrician.
Failures by School Medical Officer and Peripatetic Teacher of the Deaf.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT

	Ages 5 to 9		Ages 10 to 14		Ages 15 and over		Total
First Visit ...	1	542	12	715	23	161	1,418
Subsequent visits ...	2	310	13	1,018	24	259	1,587
Total visits ...		852		1,733		420	3,005
Additional courses of treatment commenced ...	3	3	14	4	25	—	7
Fillings in permanent teeth ...	4	413	15	1,673	26	529	2,615
Fillings in deciduous teeth ...	5	124	16	7			131
Permanent teeth filled ...	6	298	17	1,339	27	407	2,044
Deciduous teeth filled ...	7	85	18	5			90
Permanent teeth extracted ...	8	65	19	252	28	61	378
Deciduous teeth extracted ...	9	670	20	276			946
General anæsthetics ...	10	314	21	184	29	18	516
Emergencies ...	11	123	22	52	30	3	178

Number of Pupils X-rayed ...	31	71
Prophylaxis ...	32	152
Teeth otherwise conserved ...	33	—
Number of teeth root filled ...	34	3
Inlays ...	35	—
Crowns ...	36	—
Courses of treatment completed	37	850

ORTHODONTICS

Cases remaining from previous year	4
New cases commenced during year	38
Cases completed during year ...	39
Cases discontinued during year ...	40
No. of removable appliances fitted	41
No. of fixed appliances fitted ...	42
Pupils referred to Hospital Consultant ...	43
	12

PROSTHETICS

Pupils supplied with F.U. or F.L. (first time)	...
Pupils supplied with other dentures (first time)	...
Number of dentures supplied ...	...

5 to 9	10 to 14	15 and over	Total
44	47	50	—
45	48	51	15
46	49	52	15

ANÆSTHETICS. General Anæsthetics administered by Dental Officers ... 53 126

INSPECTIONS

(a) First inspection at school. Number of Pupils	...
(b) First inspection at clinic. Number of Pupils	...
Number of (a) + (b) found to require treatment	...
Number of (a) + (b) offered treatment	...
(c) Pupils re-inspected at school clinic ...	...
Number of (c) found to require treatment	...

A	2,179
B	514
C	1,452
D	1,074
E	12
F	12

SESSIONS

Sessions devoted to treatment	...
Sessions devoted to inspection	...
Sessions devoted to Dental Health Education	...

X	533
Y	11
Z	10

As at 18th January, 1968:—		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		7) Maladjusted 8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(b) others		—	—	—	—	—	—	—	—	—	—	—
(a) day places ...	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places ...	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
(ii) newly assessed since 1st January, 1967												
(a) whose parents had refused consent to their admission to a special school		—	—	—	—	—	—	—	1	—	—	1
(a) day places ...		—	—	—	—	—	1	—	—	—	—	1
(b) boarding places ...		—	—	—	—	—	—	—	—	—	—	—
(b) others		—	—	—	—	—	9	—	3	—	—	12
(a) day places ...	boys	—	—	—	—	—	4	—	1	—	—	5
	girls	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places ...	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	1	—	—	1	—	—	2
(3) Total number of children awaiting admission to special schools other than hospital special schools—total of (1) and (2) above												
(a) day places ...	boys	—	—	—	—	—	9	—	4	—	—	13
	girls	—	—	—	—	—	4	—	1	—	—	5
(b) boarding places ...	boys	—	—	—	—	—	1	—	—	—	—	1
	girls	1	—	1	—	1	—	—	1	—	—	4

As at 18th January, 1968. Number of Children from the Authority's area on the registers of:	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handi- capped		(6) Delicate (7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
B. (i) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained											
day	—	1	—	—	11	18	7	38	3	—	78
boarding	—	—	—	1	3	17	2	29	1	1	54
	—	2	—	—	2	1	—	5	—	—	10
	—	1	—	—	—	1	—	1	—	—	3
(ii) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated.											
day	—	—	—	—	—	—	—	—	—	—	—
boarding	—	—	—	—	—	—	—	—	—	—	—
	—	1	2	1	1	—	1	5	—	—	11
	1	—	1	—	1	—	—	3	—	—	6
(iii) Independent schools under arrangements made by the authority.											
Totals to agree with the totals on Form 21bM											
day	—	—	—	—	—	—	—	—	—	—	—
boarding	—	—	1	—	—	—	6	1	—	—	1
	—	—	—	1	—	—	—	—	—	—	7
	—	—	—	—	—	—	1	—	—	—	2
	—	—	—	1	—	—	1	—	—	—	2

As at 18th January, 1968. Number of Children from the Authority's area on the registers of:	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handicapped		(6) Delicate (7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
(iv) Special classes and units not forming part of a special school. Totals to agree with the totals on Form 21aM											
boys	—	—	—	—	—	—	—	—	—	—	—
girls	—	—	—	—	—	—	—	—	—	—	—
C. Number of children from the Authority's area were boarded in homes and not already included in B above ...											
boys	—	—	—	—	—	—	—	—	—	—	—
girls	—	—	—	—	—	—	—	—	—	—	—
D. Were being educated under arrangements made by the Authority in accordance with Section 58 of the Education Act, 1944											
(i) in hospitals ...	—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups, e.g. units for spastics, etc. ...	—	—	—	—	—	—	—	—	—	—	—
(iii) at home ...	—	—	—	—	—	—	—	—	—	—	—
boys	—	—	—	—	—	—	3	—	—	—	3
girls	—	—	—	—	—	—	3	—	—	—	3

